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	Attorney Docket Nur		GKNG 1267 PCT	
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor NESTOR REKALDE A		NESTOR REKALDE ARRIETA, ET AL.	
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number		/ APPLIED FOR	
Declaration Declaration	Filing Date	HER	EWITH	
Submitted OR Submitted after Initial	Group Art Unit			
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I he	reby declare that:					
My residence, mailing address, an	d citizenship are as stat	ted below next to my nam	ne.	•		
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only or oject matter which is clai	ne name is listed below) of med and for which a pate	or an original, first ent is sought on tl	t and joint inventor (if plural ne invention entitled:		
OUTER JOINT PART WITH SU	PPORTING DISC					
	(Title of t	he Invention)		<u> </u>		
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY)		as United St	tates Application I	Number or PCT International		
Application Number	and was a	amended on (MM/DD/YY	YY)	(if applicable).		
<u> </u>			<u> </u>			
I hereby state that I have reviewed amended by any amendment spec	i and understand the co cifically referred to abov	ntents of the above ident e.	tified specification	, including the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I benefit alaim familia majaritu ban	ofito undor 3E LLS C 1	19(a) (d) or (f) or 365(h)	of any foreign ap	oplication(s) for patent, inventor's		
or plant breeder's rights certificate than the United States of Americ patent, inventor's or plant breeder	a lieted below and hav	ve also identified below.	nv checking the	pox, any loreigh application for		
patent, inventor's or plant breeder application on which priority is clair						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
PCT/EP 2004/011010	EPO	10/02/2004				
03024355.4	Europe	10/24/2003				
Additional foreign application	numbers are listed on a	supplemental priority da	ita sheet PTO/SB	/02B attached hereto:		

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:   V	ustomer Number Bar Code Label	1 02/2	56	OR V Co	orrespondence add	Iress below
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name						
28333 TELEGRAPH ROAD SUITE 250 Address						
SOUTHFIELD City			State	МІ	ZIP 48034	
U.S.A. Country	Tele	248-223 phone	-9500		248-223-9 Fax	522
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVE	NTOR:	A petition h	as be	en filed for this un	signed invento	r
Given Name N (first and middle [if any])	ESTOR REKAL	DE		ly Name ırname	ARRIETA	
Inventor's Signature					Date	
GIPUZKO	)A	State		SPAIN Country	Citizenship	SPANISH
PLAZA SAN LUIS GON HERRERA-SAN SEBA Mailing Address		°C				
City GIPUZKOA		State		E-20017 ZIP	Country	SPAIN
NAME OF SECOND INVENTOR:		A petition has	s beer	n filed for this unsi	gned inventor	
Given Name (first and middle [if any])	JOSEBA			y Name rname	ROMATET	
Inventor's Signature					Date	
ZUMAIA Residence: City		State	c	SPAIN	Citizenship	SPANISH
IZUSTARRI, NO. 1,2-A Mailing Address						
ZUMAIA		State	z	E-20750	Country	SPAIN
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

PTO/SB/02A (09-04)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3				
Name of Additional Joint Inventor, if an	<i>y</i> ·	A petition	n has been filed for this u	nsigned inventor		
Given Name (first and middle (if any)	Family Name of					
JULIAN		ARRILLAGA				
Inventor's Signature		<u>-</u>		Date		
SAN SEBASTIAN	State	SPA	NIN puntry	SPANISH Citizenship		
Residence: City State Country Citizenship  ZUBIETA 3 5STAGE						
Mailing Address				·		
SAN SEBASTIAN			E-20007	SPAIN		
City	State		Zip	Country		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)	)	Family Name or Surname				
Inventor's Signature				Date		
Residence: City	State		Country	Citizenship		
	-					
Mailing Address	<u> </u>		Τ			
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Name of Additional Joint Inventor, if any	y:	A petition	has been filed for this u	nsigned inventor		
Given Name (first and middle (if any))	• "	Family Name or Surname				
			122222			
Inventor's Signature				Date		
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Residence: City	Julie		1 County	1		
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City State Zip Country

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	Filing Date	HEREWITH		
	First Named Inventor	NESTOR REKALDE ARRIETA, ET AL.		
	. Title	OUTER JOINT PART WITH SUPPORTING DISC		
	Art Unit			
	Examiner Name			
	Attorney Docket Number	GKNG 1267 PCT		

I hereby revoke a	Il previous powers of atto	orney given in the ab	ove-identi	ified application.			
I hereby appoint:	<del></del>				1		
✔ Practitioners as	ssociated with the Customer Number: 027256						
OR							
Practitioner(s)	named below:						
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Please recognize or o	hange the correspondence add	dress for the above-identi	fied applicati	ion to:			
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	record of the entire interest. Se	ee 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
	SIGNA	TURE of Applicant or A	ssignee of l	Record			
Signature	JOSEBA ROMATET			Date			
Name				Telepho	one		
Title and Company				<del></del>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 3	forms are submitted.						

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Filing Date	HEREWITH					
First Named Inventor	NESTOR REKALDE ARRIETA, ET AL.					
Title	OUTER JOINT PART WITH SUPPORTING DISC					
Art Unit						
Examiner Name						
Attorney Docket Number	GKNG 1267 PCT					

I hereby revoke al	l previous pov	vers of attorney give	ven in the abo	ve-ide	entified applic	ation.		
I hereby appoint:								
	Practitioners associated with the Customer Number: 027256							
OR		ľ						
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as my/our attorney(s) of Trademark Office conf	or agent(s) to pro nected therewith.	secute the application	identified above,	and to t	ransact all busir	ess in the	United States Patent ar	id
Please recognize or ch	nange the corresp	oondence address for t	he above-identifi	ed appli	cation to:			
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I am the:  Applicant/Inve	entor.							
		e interest. See 37 CFR (b) is enclosed. (Form						
·	<u></u>	SIGNATURE of		signee	of Record			
Signature	NESTOR REKA	LDE ARRIETA				Date		
Name						Telephone	e	
Title and Company					<u> </u>			
NOTE: Signatures of all the signature is required, see	ne inventors or assig below*.	gnees of record of the enti	re interest or their	represent	ative(s) are require	ed. Submit n	nultiple forms if more than c	ne
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Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	NESTOR REKALDE ARRIETA, ET AL.
Title	OUTER JOINT PART WITH SUPPORTING DISC
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1267 PCT

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I hereby revoke a	Il previo	us powers of attorney gi	ven in the ab	ove-ide	entified applic	ation.	
I hereby appoint:						<u> </u>	
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I am the:  Applicant/Inv	entor.						
Assignee of	record of t	he entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form	( 3.71. PTO/SB/96)				
Statement ur	ider or or	SIGNATURE of		signee	of Record	<del></del>	
Signature	JULIAN	ARRILLAGA	· · · · · ·			Date	
Name						Telephone	
Title and Company	T -						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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